

BELMONT ADULT SOFTBALL TEAM ROSTER (PLEASE PRINT OR TYPE)**SUMMER 2008**

Team Name _____ Returning Team from last season ____ YES ____ NO

Manager's Name _____ Old Team Name (if different) _____

Manager's Address _____ City _____ Zip _____ League Night Requested _____

Manager's Home Phone _____ Cell _____ Second Choice Night _____

Manager's Work Phone _____ Manager's Email Address _____

MANDATORY - Asst. Manager's name and contact number _____

	NAME	ADDRESS	CITY/ZIP	E-MAIL ADDRESS (optional)	SIGNATURE (waiver read)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

CITY OF BELMONT RELEASE:

By affixing my signature to the team roster, I declare that all of the information on the roster is verified and correct. I further agree to indemnify and hold harmless the City of Belmont from any injury or liability, which results, or is alleged to have resulted from any participation in the program, including any damage to my vehicle as a result of a thrown or batted ball leaving the playing area. I have read the application and agreement and fully understand that I assume all risks for all injuries received.

TEAM NAME _____ (con't) **Summer 2008**

	NAME	ADDRESS	CITY/ZIP	E-MAIL (optional)	Signature (waiver read)
13					
14					
15					
16					
17					
18					

TEAM ADDITIONS/DELETIONS

	NAME	ADDRESS	CITY/ZIP	SIGNATURE	DATE ADDED/DROP
1					
2					
3					
4					
5					

CITY OF BELMONT RELEASE:

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